

CRITERIA FOR PRIOR AUTHORIZATION

Cosentyx® (secukinumab)

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Secukinumab (Cosentyx)

CRITERIA FOR MODERATE TO SEVERE PLAQUE PSORIASIS: (must meet all of the following)

- Patient must have a diagnosis of moderate to severe plaque psoriasis
- Patient must be 18 years or older
- Patient must be a candidate for systemic therapy or phototherapy
- Must be prescribed by or in consultation with a Dermatologist or Rheumatologist
- Evaluation for latent tuberculosis infection with TB skin test prior to initial PA
- Patient has not taken another biologic agent in the past 30 days

CRITERIA FOR ACTIVE PSORIATIC ARTHRITIS: (must meet all of the following)

- Patient must have a diagnosis of active psoriatic arthritis
- Patient must be 18 years or older
- Must be prescribed by or in consultation with a Dermatologist or Rheumatologist
- Evaluation for latent tuberculosis infection with TB skin test prior to initial PA
- Patient has not taken another biologic agent in the past 30 days

CRITERIA FOR ACTIVE ANKYLOSING SPONDYLITIS: (must meet all of the following)

- Patient must have a diagnosis of active ankylosing spondylitis
- Patient must be 18 years or older
- Must be prescribed by or in consultation with a Rheumatologist
- Evaluation for latent tuberculosis infection with TB skin test prior to initial PA
- Patient has not taken another biologic agent in the past 30 days

LENGTH OF APPROVAL: 12 MONTHS

Biologic Agents	
Generic Name	Brand Name
Abatacept	Orencia®
Adalimumab	Humira®
Alefacept	Amevive®
Anakinra	Kineret®
Certolizumab	Cimzia®
Golimumab	Simponi®
Infliximab	Remicade®
Natalizumab	Tysabri®
Rituximab	Rituxan®
Tocilizumab	Actemra®
Ustekinumab	Stelara®